



# Crotched Mountain

1 Verney Drive, Greenfield, NH 03047

## HOME PROVIDER APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes  No

2. Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes  No

3. List names and addresses of employers (latest position first).

a. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

b. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

c. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

d. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

4. May we contact the above employers for references? Yes  No

5. Experience, knowledge, skills, abilities and hobbies?

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6. How did you learn of this program?

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7. Why are you interested in this situation?

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8. What is your background in being with people with disabilities?

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9. What has been one of your major accomplishments in:

a. The work place?

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b. Your education?

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c. Your family?

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d. Your community?

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10. Reflect on a time in your life when you were not treated fairly.

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Explain your feelings and how you resolved the issue.

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11. How do you perceive confidentiality?

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12. Have you, or anyone in your household, ever been convicted of a felony within the last seven years? Yes  No

13. Do you, or anyone in your household, own any firearms? Yes  No

14. Do you consider yourself a leader, teacher, or a follower? Why do you think so?

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15. Do you have any heroes / heroines? Why?

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16. List, if any, professional, trade, business or civic activities and offices held.

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17. What type of person would you like to live with (smoker, non-smoker, male, female, young, old, active, etc.)?

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18. If a Home Provider arrangement does not work out for you, are you interested in other programs? Yes  No

19. If yes, may we contact you at a later date? Yes  No

20. If applicable, please describe your home.

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21. Any "house rules"? If so, please list:

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22. Education: High School: \_\_\_\_\_  
College: \_\_\_\_\_  
Other: \_\_\_\_\_

22. List 3 references that are not related to you and that have known you for at least two years.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Please list all members of your household:

<u>Name</u>	<u>Age</u>	<u>Relationship to Applicant</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. Please list all pets:

_____
_____
_____
_____

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If additional space is required please use another sheet of paper.